

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Anthony M. Walker

Plaintiff

Carl C. Danberg

v.

Raphael Williams, Ruth Ann Minner, James M. Baker

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 07 - 405

I, Anthony M. Walker

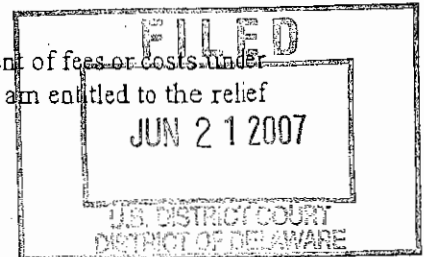
declare that I am the (check appropriate box)

☒

Petitioner/Plaintiff/Movant

☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Howard R. Young corr. institute

Inmate Identification Number (Required): 553223

Are you employed at the institution? No Do you receive any payment from the institution? YES NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. NONE

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 9-2-06, \$475.00 per week
Potts welding & Boiler repair, Newark, DE.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

NONE

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes ☒ NoIf "Yes" state the total amount \$ 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes ☒ No

If "Yes" describe the property and state its value.

NONE

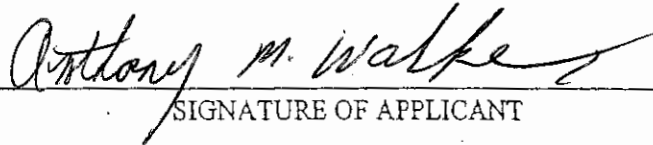
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

Selassici Harris - little brother
 Elijah Harris - little brother
 Semaj Harris - little brother
 Savion Harris - little brother
 JahFari Harris - little brother

I declare under penalty of perjury that the above information is true and correct.

6/14/07

DATE



SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

TO: Raymond E. Blake
SB# 577092 UNIT PT-B Tier

DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



U.S.M.S.
X-RAY

Office of the clerk
United States District Court
844 N. King Street, Lockbox 18
Wilmington, Delaware
19801-3570

LEGAL MAIL

RESIDENT HISTORY REPORT *

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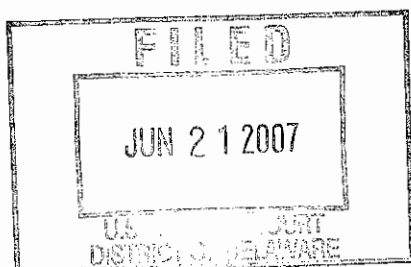
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ST 007 / OPR DMW

SBI : 553223
 Resident Name : WALKER, ANTHONY
 Time Frame : 03/02/2007 23:25 - 06/06/2007 14:04

Date	Time	Type	ST	OPR	Receipt #	Amount	Balance
03/02/2007	23:25	Intake	5	GGP	E20227	126.40	126.40
03/12/2007	06:48	Order	2	WLH	B158575	26.11	100.29
03/19/2007	06:42	Order	2	DDT	B159617	48.61	51.68
03/26/2007	06:43	Order	2	DDT	B160643	32.94	18.74
03/26/2007	09:55	Credit	11	AFC	K3381	3.56	22.30
04/02/2007	06:38	Order	2	DDT	B161625	20.58	1.72
04/02/2007	09:38	Add	4	gmw	D66428	40.00	41.72
04/02/2007	09:54	Add	4	gmw	D66453	25.00	66.72
04/02/2007	11:40	Add	4	gmw	D66458	30.00	96.72
04/09/2007	06:53	Order	2	AFC	B162595	44.17	52.55
04/16/2007	06:42	Order	2	AFC	B163651	43.95	8.60
04/19/2007	11:53	Add	4	gmw	D67536	25.00	33.60
04/23/2007	06:41	Order	2	WLH	B164614	29.09	4.51
04/30/2007	06:30	Order	2	DDT	B165605	4.45	0.06
05/03/2007	13:11	Add	4	CAR	D68231	30.00	30.06
05/07/2007	06:49	Order	2	DDT	B166564	29.52	0.54
05/21/2007	06:54	Order	2	WLH	B168566	0.46	0.08
05/21/2007	11:19	Credit	11	DDT	K4192	0.46	0.54
05/21/2007	12:40	Add	4	gmw	D69303	40.00	40.54
05/28/2007	06:32	Order	2	DDT	B169507	34.98	5.56
06/04/2007	06:28	Order	2	DDT	B170443	4.79	0.77
06/06/2007	11:41	Rec Payment	10	bsp	J10302	0.35	0.42

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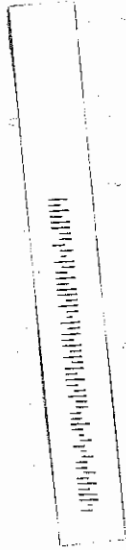
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